

**CARROLL COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
290 South Center Street; P.O. Box 845  
Westminster, Maryland 21158



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Health Officer, Carroll County

Elizabeth M. Ruff, M.D.  
Deputy Health Officer

### APPLICATION FOR PERMIT TO OPERATE A CAMP

Camp Name \_\_\_\_\_ Owner/Operator \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Address \_\_\_\_\_  
City, State \_\_\_\_\_ City, State \_\_\_\_\_  
Phone ( \_\_\_\_ ) \_\_\_\_\_ (summer) Phone ( \_\_\_\_ ) \_\_\_\_\_ (winter)  
Location of Camp \_\_\_\_\_  
Type of Camp \_\_\_\_\_  
(tourist, labor, religious, recreation, day, etc.)

Approximate Number of Persons to be Accommodated \_\_\_\_\_  
Number of Camp Sessions \_\_\_\_\_

Opening Date of Camp \_\_\_\_\_ Closing Date of Camp \_\_\_\_\_

Sessions:	<u>Start Date</u>	<u>End Date</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____

(use reverse side if more space is needed)

Source of Water Supply \_\_\_\_\_  
(private/public system)

Method of Sewage Disposal \_\_\_\_\_  
(private/public system)

Method of Garbage Disposal \_\_\_\_\_

Is food to be served? (Circle one) Yes No

Will there be food which requires refrigeration? (Circle one) Yes No

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Owner/Operator

TO BE COMPLETED BY HEALTH DEPARTMENT	
Date _____	Signature _____ Sanitarian
Date _____	Signature _____ Supervisor